

## UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

MR. J. T. Glover

V.

SUMMONS IN A CIVIL CASE

MORRISSEY et al  
Massachusetts Dept. of Mental Retardation

03-11633 DPW

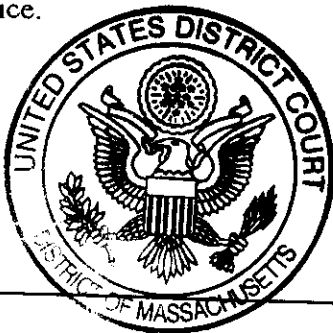
CASE NUMBER:

TO: (Name and address of Defendant)  
MR. GERALD MORRISSEY - DMR  
500 HARRISON AVENUE  
BOSTON, MA 02118

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

JT GLOVER  
46 QUINCY ST #5  
NORTH ADAMS, MA 01847  
413-664-9093

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



TONY ANASTAS

CLERK

SEP 02 2003

DATE

(By) DEPUTY CLERK



**Suffolk County Sheriff's Department** • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999  
Suffolk, ss.

October 1, 2003

I hereby certify and return that on 09/29/03 at 2:40pm I served a true and attested copy of the Summons and Complaint in this action in the following manner: To wit, by delivering in hand to Kim LaDue, Attorney, agent, person in charge at the time of service for Morrissey, Gerald Mr-DMR, C/O Dept of Mental Retardation, 500 Harrison Avenue, Boston, MA. Fees: Service \$35.00, Attest \$5.00, P&H \$1.00, Travel \$1.00, Total Fees \$42.00

Deputy Sheriff Melvin M. Toon

*Melvin M. Toon*  
Deputy Sheriff

☐ Other (specify): \_\_\_\_\_

### STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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### DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on \_\_\_\_\_

Date

Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

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